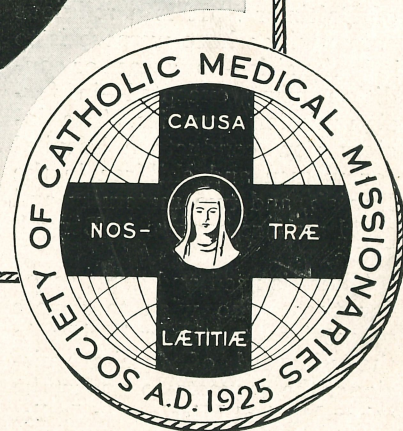


The MEDICAL MISSIONARY



Vol. IV

SEPTEMBER and OCTOBER

Nos. 1 and 2

PATRONS OF OUR SOCIETY

ST. CATHERINE OF GENOA, FEAST SEPTEMBER 14

THE life of St. Catherine of Genoa may be more properly described as a state rather than as a life. Born in Genoa in 1447, she seemed from the cradle to be a child of spiritual benedictions. Before the age of 12 Catherine joined, with perfect simplicity of heart and obedience to her parents and others, a serious love of prayer, and a wonderful love of the Sacred Passion.

When about 13 years of age, she wished to enter a convent, but this desire being refused because of her youth, she gave up the idea with perfect obedience to her confessor and to her parents. Three years later they married her to Julian Adorno, a gay young Genoese nobleman. The marriage turned out wretchedly; Julian proved faithless, violent tempered and a spendthrift, bringing upon her a long series of grievous afflictions which she suffered for 10 years. These contributed greatly to her sanctification by the good use she made of them. Catherine's prayers, patience, and example at length showed results. Julian died a penitent in the Third Order of St. Francis.

Our saint, now being herself freed from the servitude of the world and in a position to pursue her former inclinations, chose to join the active life with the contemplative, that she might have the happiness of ministering to Christ in His most distressed and suffering members. These services she performed in the great hospital of the city of Genoa, where she eventually became manager. Catherine's charity was not confined to the hospital walls but extended to the care and solicitude of all the lepers and other sick and distressed persons over the entire city. She also employed

proper persons with indefatigable ardor to discover, visit and relieve them. She herself performed the offices that were most difficult and repugnant in caring for these patients. This cost her much in the beginning, but she soon gained a complete victory over herself.

The fasts and austerities of our saint were incredible. It was her constant study to deny her senses every superfluous gratification, to humble herself and overcome her own will in everything. Even while she lived in the world it was a rule with her never to excuse herself when blamed by others, but always be readily inclined to excuse others and condemn herself.

Her principal writings are entitled, "On Purgatory" and "A Dialogue." The chief lesson of the first volume is the necessity of the spirit of universal mortification and perfect humility to prepare the way for the pure love of God to be infused into the soul. In the second volume she paints strongly the powerful effects of divine love in a soul and the wonderful sweetness and joy which accompany it.

St. Catherine, having suffered the martyrdom of a tedious and painful illness, died at the age of 63, on September 14, 1510, worn out with labors of body and soul, and consumed even physically by the fires of divine love within her. She was beatified in 1675 by Clement V, and canonized in 1737.

On account of St. Catherine's love and work for the sick, many hospitals have chosen her as their patroness. For the same reason we, too, have adopted her as one of the patrons of our Society. May she obtain for us love for those whom Providence puts under our care!

The Society of Catholic Medical Missionaries was founded in September, 1925, with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore. It is a religious community whose purpose is to help the sick—no disease or condition being excepted—in foreign mission countries. The Society now conducts a hospital for women and children in the Punjab, and two maternity and child welfare centers in Bengal, India.

There is need and great scope for those who wish to devote themselves to the suffering in the vineyard of foreign missions, the requests to undertake other Medical Missions in India, also in China and Africa being numerous.



CATHOLIC MEDICAL MISSION HOUSE, BROOKLAND, WASHINGTON, D. C.

PLAGUE

By DR. ANNA DENGEL.

PLAGUE was once upon a time the designation for any disease which was epidemic in character and which had a great rate of mortality. Already in the writings of pre-Christian times, descriptions of epidemic diseases referring to buboes are found which in all probability were plague.

The most noted epidemic was that of the fourteenth century which originated possibly in China and spread to Europe, claiming many victims on the way. In Europe more than one-fourth of the population succumbed to it. On account of the dark spots on the skin, it was called *Black Death*

layas (India, Thibet and parts of China). Africa also has its centers. Of all countries India has suffered the most from plague, there having been years when the death rate from it exceeded one million.

In the city of Rawalpindi, in the north of India, where our hospital is situated, plague appears every year in the native quarters. At the height of the epidemic about fifty persons die on one day. The people themselves know the symptoms very well and are very much afraid of it. When it breaks out in a town or a village those who can leave it go to relatives, thereby often spreading the disease. During epidemics the Goddess of Plague is venerated. Apart from the general sanitary conditions, one reason why India gets more than her share of plague is perhaps the reluctance of the greater number of her inhabitants to kill animals and, therefore, also rats, the fleas of which convey the disease from the rat to man. The municipality of the town where I was, loaned out traps free of charge, but not much use was made of this offer. On the other hand, it is related that a certain municipality offered a small sum for every rat tail. By degrees they were coming forth in great numbers. It was then discovered that somebody started to breed rats and bethailed them for sale.

Plague is caused by a bacillus which was first isolated by Yersin in Hong Kong in 1894. It is primarily a disease of rats. When the rat dies, the fleas seek a new host, preferably a rat. The large sewer rats seem more prone to the disease than the more delicate house rats. In Madras, for instance, where the large sewer rat is rare but the small house rat present in great numbers, the comparative freedom of the city from plague has been noted. The principal rat flea of the Orient rejoices in the name of *Xenopsylla cheopis*. Other species also transmit it, the bedbug being among the number of possible culprits.

There is a minor or so-called ambulant variety of plague and "pestis major." The latter has an incubation period of from three to seven days and begins with a feeling of malaise, giddiness, mental hebetude, and pains in the back and limbs. With the onset of the disease, the speech becomes thick and difficult, the gait is staggering. This, together with the dull mental state, make the patient resemble an intoxicated man. Chills and irregular fever occur, the pupils become dilated, the eyes staring, the pulse is rapid. Weakness of the heart is a marked feature of plague. In the case of the most common form, the so-called bubonic plague, groups of lymph glands (the so-called buboes) swell; they are very painful. These swellings may be from the size of a nut to that of a child's head. With improved methods of treatment, about fifty percent of cases of bubonic plague recover. In cases of pneumonic plague, the dis-



PLAGUE CENTERS IN AFRICA

in Germany. During this epidemic "quarantine" was introduced into Europe. The reason why a period of forty days was determined upon was because the idea prevailed that the fortieth day was the last day of virulent diseases. The first Lazarettos used as quarantine appear to have been established on an island near Venice in 1485.

In the great plague of London in 1665 approximately 60,000 out of a population of 450,000 died. In the seventeenth and eighteenth centuries there was much plague also in Central Europe. Many shrines erected over the tombs of plague-stricken victims are still to be seen. The death rate was so high that there was no time to make individual graves. In the history of the Passion play of Oberammergau we read of the invasion of the village by plague and how in a short space of time eighty-four out of the six hundred inhabitants died of the dread disease.

At present the most important foci of infection are Mesopotamia and certain regions in the Hima-

ease resembles a virulent pneumonia which is nearly always fatal. When the infection is so severe from the beginning that the body can not offer any resistance, general blood poisoning results. This is the septicaemic form. It is always fatal. "Prevention is better than cure" holds good for plague as for any other disease. An obvious measure is to exterminate rats. This is more easily said than done, the rat being a very suspicious animal. A successful rat exterminator should have the mind of a detective. The first move in the campaign must be the starvation of the rats by proper disposal of garbage and removal of foods of any kind. Only as a last resource will rats eat poisoned bait or bait in traps. Special attention must be paid to flooring of stables, under surfaces of boardwalks, closed attics, wharves and sewers. In ratproofing houses, double walls should be eliminated and homes should be raised well from the ground, at least eighteen inches. Rat holes should be plugged with broken glass before concrete is poured in. Special attention should be paid to ratproof granaries and warehouses of food. On ships poisonous gases are used to kill rats.

For many years Haffkine's serum has been used both in the prevention and also early treatment of the disease. It has been found that a much smaller number of those injected with this serum exposed to infection develop the disease than those not so treated. Yet many natives even in times of epidemic can not yet be persuaded to be immunized.

The treatment of the disease consists in giving plague serum in large doses from fifty to two hundred and fifty ccs. and heart stimulants such as strychnine. I remember a case of a poor sweeper who responded very well to egg-nogs with good doses of brandy in them. He was so touched by the attention paid to him when he was forsaken by his own people that he asked to become a Christian. As in every other disease, skillful nursing makes a great difference, but in the Orient this is seldom available.

Speaking of rats reminds me of an incident which happened in India a few years ago. Two nuns and I visited the Catholic settlement of sweepers in the native city every week. Somebody or other was always seriously ill, children had sore eyes or dysentery, babies there were whose baptisms had to be arranged, etc. On one occasion one of the leaders was deputed to ask me to intercede for them for the lessening of the rates (taxes). He prepared a document, pages and pages in length, in which he pleaded with sound and unsound reasons in the most urgent way for himself and his community. He read it out to us with zeal and conviction, pronouncing (and also having spelled) the ever-recurring word "rates" as "rats," which made very amusing combinations.

MEDICAL MISSION INTEREST IN HOLLAND

SHORTLY before returning to America, the editor had the privilege of being invited to attend the annual Catholic University Students' Conference in Holland. Very Rev. A. Ahaus, D.D., Rector of St. Joseph's Mission Seminary (Mill Hill), opened wide his doors and his heart to all the delegates and guests and made them all feel enthusiastic about the cause for which they had assembled. He left nothing undone to make them happy and comfortable. In this he was ably supported (behind the lines) by a force of smiling Sisters, who never tired of feeding the hungry.

The main topic of this year's conference was "Medical Missions." There is no doubt about it—"Medical Missions is in the air." The ball has been set rolling and there is no telling how much momentum it will gain as it goes on. Among the speakers at the convention were V. Rev. A. Ahaus, D.D., Rt. Rev. Monsignor P. C. Becker, S.D.S., director of the Medical Mission Institute, Germany; Professor Havet of the University of Louvain; Professor Titus Brandsma, of the Catholic University of Nymegen; Rev. Father Zoetmulder, of the White Fathers; Mr. F. Van Spaendonck, the president of the Students' Mission League; Mr. M. Noteboom, and also the delegate of the Belgian Mission Organization "Aucam." Several missionaries and many students took an active part in the discussions. The editor also was invited to explain the nature and purpose of the Society of Catholic Medical Missionaries. Rev. Father Feldmann, S.V.D., from Steyl, captivated the students for hours in the evening with accounts of his journey through Siberia with the famous explorer, Sven Hedin, and his experiences in Chinese Turkestan. A Capuchin missionary presented a picture, "The Plague in Java," showing also the life of the people and the scenery of the island in a very interesting fashion. Three Dutch Mission Bishops were welcomed at a special evening meeting in the city theatre. This was the climax, being such a splendid opportunity to see for oneself the great mission enthusiasm and mission zeal of Holland, which although less than half Catholic has more missionaries in proportion to population than any other country in the world. There are no less than 60 missionary congregations of men and women in Holland which has about three millions of Catholics.

A few days spent at a mission gathering of students in Holland, seeing their enthusiasm and their earnestness to work, hearing their cheerful songs and observing their natural, unaffected ways is sufficient to make one understand why Holland gives so many and such good missionaries.

We already have two Dutch candidates in our Society and we hope that many will follow in their footsteps.

A MISSION DAY IN KASHMIR

By JOANNA LYONS, M.D.

KASHMIR (I think it used to be spelled Cashmere) to American ears brings vague ideas of goats and shawls and, perhaps, of a certain old-fashioned kind of woolen material, and perhaps of Lalla Rookh, whose home town was hereabouts. The goats are here; the shawls you can buy—the merchant will pull a shawl a couple of yards square through a finger ring as a demonstration of the fineness of the wool of which it is made; or perhaps they are made from the hair of the aforesaid goats.

In Rawalpindi you are in the top end of British India. If you go westward (which you had better not) you will find yourself in Afghanistan. If you go eastward, you will find yourself in Kashmir after a few hours of motoring. Then if you go still eastward (which you had also better not), you will find yourself in Thibet, but not for long.

Let us suppose that one stays in Kashmir. It is very different from the brown, sun-baked, rather arid-looking Punjab. Kashmir is something like Normandy, something like Switzerland, and a lot like Fairyland. The part like Normandy is the high, rounded hills, the rich fields with wheat and scarlet poppies, the rows of poplar trees and the charming little houses. The part like Switzerland is the immensely high, snow-covered mountains, the magnificent distances, rushing streams and waterfalls of ice-cold water. The part like Fairyland you have to find for yourself.

Flowers abound. There are actually acres of

irises and there are many others of the kind familiar at home, but specially notable in the abundance of tiny flowers of such bright colors that they seem as if enameled. Fruit grows plentifully and all kinds are delicious. The soil is exceedingly fertile.

Now this terrestrial paradise is inhabited by a race of good-looking and apparently good-natured people who are (I hope) the dirtiest people in the world. The rather nice stone-and-wood houses are set down in the midst of filth and disorder. The clothing, the bodies, and particularly the heads of the people seem never to have been acquainted with soap and water—I am speaking here of the village folk, some poor, some not. I was often reminded of the story of two men out for a walk in the East Side of New York. One of them engaged a small boy in conversation and asked his age. The boy said and repeated that he was 7 years old—his mother had told him so. When the two friends parted from him, one said to the other: "What made you doubt he was 7; he looks about that?" "Well," replied the friend, "I don't see how he could get so dirty in 7 years."

The ordinary dress of the people is a wide, sack-like, long-sleeved garment reaching below the knees, pajamas reaching half-way to the ankles, and either straw sandals or painted shoes. On their heads the men wear a skull cap; the women wear a kind of cap also with a veil flowing over it. The women have huge masses of earrings which distort their ears, various bangles, necklaces and flat pieces of jewelry on their foreheads



KASHMIR IS SOMETHING LIKE SWITZERLAND, SOMETHING LIKE NORMANDY, AND A LOT LIKE FAIRYLAND

and breasts. In cold weather, they slide their arms out of their sleeves and bury themselves inside of the loose frock to keep warm. Under their robes in cold weather they carry earthenware pots containing live charcoals, often giving rise to superficial burns and sometimes to skin cancers from years of irritation. Small babies are ordinarily, for warmth's sake, carried about inside of these robes in their mothers' arms.

But what I started out to tell about was a day's round in the villages. It was one of the ordinary rounds of the Franciscan Missionaries of Mary, with whom I was staying for a few weeks. I may say in passing that this is much the kind of thing we do sometimes in the villages about Rawalpindi, except that we go in Joseph Ford, but I describe this as being more picturesque.

We set out about 8 in the morning and embark in a kind of launch, with a straw roof, containing three tiny rooms. The sides are open, affording a view of gorgeous scenery as we go along at some ridiculous number of miles an hour, for the boat is towed along by two boatmen by means of long ropes about their bodies walking along the shore and occasionally wading in the water. Mrs. Boatman stays in the boat and minds the babies and makes tea when desired to do so. As you may suppose, it takes a good while to get anywhere but the time is passed pleasantly enough with talk, Neapolitan songs about boats and things, and a game in which by shaking dice and moving counters you travel (in French) from the beginning of life to the Kingdom of Heaven. A picnic dinner follows.

At last we come to a biggish village and disembark with a box of medicines—there are three nuns and I. The nuns are a more or less familiar sight and the villagers gather around announcing their ailments very publicly and asking for medicines. Their most outstanding infirmities seem to be: the need of a good wash with complications in the way of lice and skin affections, ringworm of the scalp which has tonsured nearly every small boy, worms, chronic malaria, rheumatic affections, various gastrointestinal and gynecological trouble. Teeth are frightful. Syphilis abounds but tuberculosis is less prominent than in the Punjab.

Medically there is not much one can do in an expedition like this. It would require something like the Rockefeller Foundation to do anything really effective. There is not much use in getting rid of worms if you promptly get yourself parasitized by them the next week, nor in curing the present attack of malaria when the patient goes straight back to feast the hungry mosquitoes multiplying in the stagnant water about his house. And those diseases of civilization—tuberculosis and syphilis—with their long and complex treatment. How is one to handle them in a profoundly illiterate population which demands—no matter how chronic a disease may be—that after

a week's medication at most the patient should be about cured?

Well, there is no use breaking one's heart over these problems. Time and education will solve most of them. Let us baptize the dying infants as we find them and do what we can to relieve distress. If we can do little in many cases, even a friendly interest in the sick person is not without fruit.

In the crowd which gathers round, there are often some of these "thieves of Heaven" upon whose wretched little bodies and pinched faces is written the promise of a speedy departure to a more beautiful land than Kashmir. People call these baptized babies that die angels, but I do not know why. They will be saints like the rest of us. In the Pindi dispensary we call them, for fun, "wingers."

The flourishing infants too come in for attention and are handed up regardless for a dose of castor oil to their great astonishment. The mother squats on the ground so as to have a firm hold of the squirming child. Someone holds its nose until it is obliged to open its mouth. Then, while all the bystanders look on with breathless interest, the oil is administered. Everybody enjoys it but the baby.

Finding a louse on one of sister's veils is an incident. Traveling from one village to another breaks the monotony, but in each one the work is practically the same. We get back to the boat and have tea and return as we came, reaching home about 7 o'clock.

Is that all? Was there no word about Christianity, no teaching of catechism, no questioning about religious matters by the people? There was not. And the experienced people seem to consider it unwise to attempt such, although the Protestant evangelists do preach in villages such as these. The time will come—and we cherish the hope that such expeditions and activities as these will make it come sooner—when direct teaching of the Christian religion can be carried on.

There is an epilogue to the account of the day's events. Returning from such an expedition one gets under a strong light and examines the clothing worn that day to see if perchance one has deprived any villager of some of his bosom companions. Some one said that living in Kashmir one comes to have a great devotion to St. Benedict Joseph Labre. Friend who readest this, if the Lord should call you to the Kashmir mission field, one thing I can promise you: at some period in your life you will have worms domiciled on your inside and other small livestock on your outside. Fairyland? Yes!

Dr. Lyons is well known to our readers by now. She is optimism personified. (See picture on page 8.) Who will start a Medical Mission Circle to help her? Her letters to members are guaranteed a sure cure for looking on the dark side of life. For particulars of organizing a circle for Dr. Lyons, address: Catholic Medical Mission House, Brookland, Washington, D. C.

FIVE YEARS AGO



FIRST FOUR MEMBERS OF THE SOCIETY: DR. A. DENGEL, DR. J. LYONS, SR. M. LAETITIA FLIEGER, R. N., SR. AGNES MARIE ULBRICK, R. N.

ON SEPTEMBER 30, it will be five years since our Society has been established and that the Blessed Sacrament is reserved in our chapel. Thanks to the kindness and continued interest of our ecclesiastical superior, Very Rev. Michael Mathis, C.S.C., and the other Holy Cross Fathers of the Foreign Mission Seminary we had Mass every day with few exceptions. This is a privilege for which we can never be grateful enough.

When we started we were four; now we are four times four. We do not ourselves know whether it is little or much. We are a new religious community with the same fundamental purpose of personal sanctification and the practice of the spiritual and corporal works of mercy as other sisters whose special work is the care of the sick, but our field of labor both in kind and locality being different, our methods must necessarily vary also. We are so organized that we are permitted to practice the medical and nursing professions in their full scope including surgery and obstetrics, both of which are very necessary to help people in the Orient often far removed from other medical aid. Our constitutions, our garb, our training are all planned to achieve the end for which we banded ourselves together.

The field of our work being in India, China, or Africa, and requiring for the greater part professionally trained women who are either doctors or nurses or trained in some other branch useful in the care of the sick, and our life being under the yoke—although sweet—of the evangelical counsels of poverty, chastity, and obedience, it is, some people think, not surprising that our number is still small. We who lead the life and know

its happiness and hear the cry of mission bishops for help are sometimes inclined to wonder why we are not more. But we realize that the beginning is slow and hard and we feel that in spite of it we have every reason to sing a Te Deum of thanksgiving on September 30, our first jubilee of five years of existence. Also we thank our friends for their prayers, encouragement, financial and other help. But for them we would not have a hospital in the Punjab, a mission in Bengal, and a house of our own here in Washington. Dear Readers, please rejoice with us and be assured of our full conviction that your share in the work is at least half if not more. At any rate the last day will reveal it and the reward will be eternal.



ON A HOT SUMMER'S DAY AT CHESAPEAKE BAY

THE SOCIETY ABROAD

RECENT NEWS FROM OUR MISSIONARIES

DR. LYONS:

"All are very well here. It is the coolest summer since my coming to India. The extension of the hospital is completed and we paid all but Rs. 2,000 (\$740). Our next need is a piece of land on which to build a house for our missionaries and the student nurses. The space taken up by them in the hospital now will soon be needed for patients. We are offered a loan (at interest) but we can not plunge into it without prospects of paying it back."

Sister Frances writes on July 7:

"They tell us that this is the coolest summer in Pindi for several years—it is not exactly what one would call cool! We are quite busy in the hospital and dispensary. The five Indian nurses which we now have are to enter for their examination in October. The greatest difficulty is to teach them Roman Urdu; Dr. Lyons has that task in addition to Anatomy. Sister Therese and I do the rest.

"We had a glorious Fourth of July Celebration here. Father Blatter, from Chicago, arrived and he and our chaplain were our guests for dinner. Father Blatter is most amusing and quite confident of getting into Afghanistan. He has a permit from the Afghan legation and much courage. Although 70, he is the kind of person who forgets about age. During the absence of our chaplain, he said Mass for us and was certainly a very welcome visitor in the Prefecture."

On July 15, Dr. Finnigan writes from Kashmir:

"We feel very much at home here. (She is from Scotland.) It is raining so much, it is hilly, and there are so many thistles. . . . I suppose you heard about Father Blatter. We think that he will manage to get into Afghanistan and we are eager to follow in his wake. Why are there not more of us!"

Sister Therese writes on June 22:

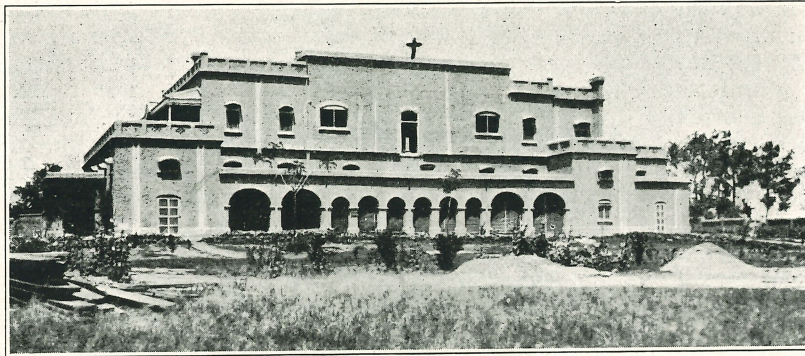
"One sees new customs every day. Lately a

Hindu baby was born in the hospital. Before its birth, money was placed on the mother's bed. Then a hen was brought which the patient held and then it was turned round her head a few times—all this to hasten matters. The baby's forehead was adorned with a red mark soon after birth and a knife was placed in its little bed to keep the evil spirits away. . . .

"Recently we received through the Medical Mission Board a very nice box from the Jeanne d'Arc Mission Unit of the Sacred Heart Convent, New York. St. Joseph must have had a hand in the packing of the box, for there were several things in it that we needed particularly. One was barley flour. We have been using a consid-

erable amount of it since then. There was also a box of plain No. 2 catgut which was something we needed also.

"Trouble was expected about two weeks ago; our hospital was guarded one day and one night by a number of



HOSPITAL EXTENSION NEARING COMPLETION

police, but nothing happened."

Sister Helen writes from Dacca, Bengal:

"Conditions in Dacca are not normal, but much better than they were a few weeks ago. A few Hindus and Mohammedans were killed and two or three houses burned. Most of the shops were closed for a while on account of the riots, but now we can get everything again.

"The monsoon has broken and we are having rain every day; already all our books are mildewed. We are trying to dry them and are contemplating buying a tin trunk to keep them in. When we have salt in a dish, we can pour water off it in two or three days. Except for the dampness, this is a wonderful climate. We have had some beautiful cool breezes since the rains started; but we really never have suffered from the heat. Our clothes are always damp but I do not think that the temperature ever goes above 100 degrees. Ninety-five degrees in the shade is

the highest our porch thermometer has registered.

"Since the disturbance here the Narindia Health Center has been doing very little. The native nurses whom we are training are afraid to go out and our gari man will only drive in a limited area so that we have lost a great many of our patients. Sister M. Laetitia has been very busy at the Urdu Center—it seems they are not afraid there. Sr. M. Laetitia and I are both well.

"The mangoes are in season now and I really think they are the best fruit I have ever eaten. We also get very good bananas here. By this time I have become accustomed to curry and rice and like it very much."

Sister M. Laetitia writes:

"In addition to our work of training and supervising the dais and maternity and child welfare work, we each have a little milk depot to look after, but it does not amount to very much as only 25 rupees are allowed for each depot for one month and one rupee (35 cents) buys only one gallon of milk. . . .

"The Hindu women are put out of the house for 30 days when the baby is born; some of the Mohammedans have also adopted this custom. However poor the house may be, it is a palace compared to the outhouse which is used to shelter the mother and baby during the 30 days of uncleanness. Yesterday I walked into one and said in my heart, 'Bethlehem!' On one side was a cow tied, on the other lay a lovely young mother with a sweet baby. The shed was also used as a storehouse for dried tobacco leaves which made it very odorous. We are having a bad storm just now so I wonder what is happening to our mothers and babies, especially to that one in particular, for I happened to notice that the roof was made of tin, part of which had rusted away, and was full of holes.

"It is amusing sometimes for the relatives are often very much afraid that we might touch them after we come from the patient and so render them unclean. One of the reasons why it is so hard to get anything for the mother and baby even in the homes of the comparatively well-to-do is because everything used has to be burned or thrown away afterwards. Consequently, a man

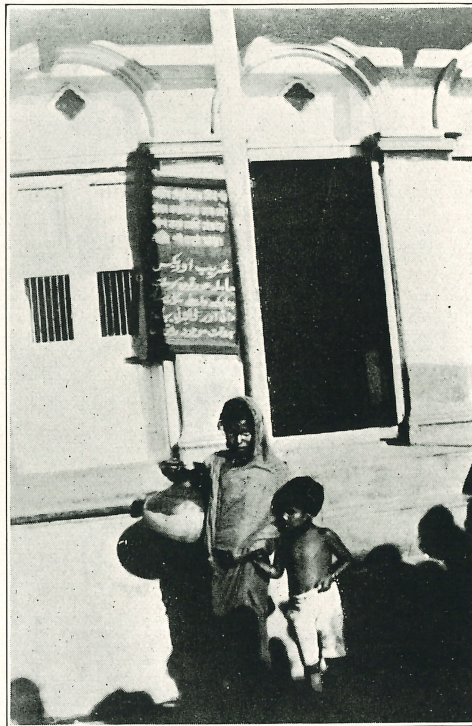
getting Rs. 12-15 (about \$5) a month can not afford to throw away very much.

"There are many superstitious practices done here, for Bengalis are a very superstitious race. We only know a few of the practices. Nothing may be prepared ahead of time for the baby—that would be very unlucky for it would either die or be born a girl, etc. Last week we went to see a patient after the noon hour and the people would not let us in. Between 12 and 3 o'clock the fiends are about and would come into the house with us. Yesterday, we saw a woman with a pain in her side and she said she was standing under a tree and the devil jumped down and caught hold of her, hence the pain.

"At the time of the confinement all the women, rich and poor, Hindus and Mohammedans, have a fire in an earthen vessel in the room, no matter how warm the room. Often they put incense into it, so that one is almost stifled on entering the room. The Mohammedans have always a huge piece of iron in some form across the threshold, usually a length of gas pipe or an old fence, for the devils can not cross iron. A thing that looks like an onion hangs over every doorway along with some certain leaves but I do not know the meaning of that. Many of the mothers have huge knives on the piece of matting that serves for a bed, in order to protect the baby.

"There is heaps of work to be done in Dacca. In a way it is mostly educa-

tional trying to teach the care of health in general and proper feeding and care of the baby. There is one awful practice and that is feeding the newborn babies cow's milk from the end of a dirty piece of rag. The baby sucks the rag which has previously been dipped in the milk. They also give them honey from the end of a dirty finger from a dirty cup. No wonder the babies die by the hundreds. "But what can two people do in a city the size of Dacca? If more nurses only would sacrifice a few years of their lives to the service of these poor, ignorant women and children, much more might be accomplished. Give three years of your life to India and you will give the rest of it. There is not only Dacca to be covered, there are many more cities in India that need our help. There is work of every kind to be done here."



QUARTERS OF NARINDIA HEALTH CENTER, DACCÁ

THE WURZBURG MEDICAL MISSION YEARBOOK OF 1930

THE Medical Mission Yearbook is always worth looking forward to; every page of it contains real information. The editor and director of the Medical Mission Institute, Rt. Rev. P. C. Becker, S.D.S., contributed two interesting articles entitled, "Are Women Doctors Needed in India?" and "Caritas as Pathfinder of the Mission." Rev. Walter, O. M. Cap. from Tsinchow, China, treats of the subject of the value and scope of the mission doctor. Other interesting articles contributed by mission doctors are, "Task and Training of the Mission Doctor," and "Intestinal Parasites Found in the Tropics."

Dr. F. Drexler, who can look back on five years of hard spade work in Tsinchow, China, gives a most enlightening summary of his experiences which we hope to give our readers in another issue. He rejoices at the prospect of a hospital, the building of which was started this spring.

From Natal, Dr. McMurtrie reports the completion of St. Mary's Hospital and the successful training of native nurses.

Dr. Thecla Stinnesbeck, O.S.B., writes from Lindi in East Africa: "Our hospital is still small, but I hope for an extension in the near future. Negroes and Indians are sheltered in mud huts, of which there are now 15 round the hospital. In 1929 we treated 6,200 patients, 40 percent of whom were admitted as inpatients. I am now training 13 boys as hospital assistants. They have four hours of practical work and four hours of instruction every day. I would prefer girls, but they all want to get married."

St. Martha's hospital in Bangalore, India, founded in 1886 by the Sisters of the Good Shepherd, added a new wing for dispensary patients who come in great numbers. The Sisters feel that the heavy financial burden which such an institution entails is worth carrying on account of the good which can be accomplished.

St. Joseph's Hospital in Guntur, Madras, India, belongs to the Dutch Sisters of Jesus, Mary and Joseph. Sister Mary of the Sacred Heart (Mary Glowrey, M.D.) is the doctor in charge. The hospital celebrated its silver jubilee. Last year 874 inpatients and 40,000 outpatients were treated. Recently 40 adults were baptized within a few months. They first came to know of the Catholic religion through contact with the hospital. In a village nearby 100 asked for baptism. They had met the sisters on their medical expeditions, but never a priest until they came to beg for instruction. Since the opening of the hospital over 25,000 children in articulo mortis have been baptized.

The Mission Fathers of the Divine Word of

Steyl have a hospital of about 20 beds in Tsingtau, China. Bishop Weig of Tsingtau says: "One may ask what results has the Medical Mission achieved for the conversion of pagans? This question can not be answered in figures. This absolutely unselfish activity of helping the sick can not remain without influence. Everywhere they say, 'You do a lot of good, you help the poor and the sick.' Our Lord did the same and often at the end of the account of his miracles of healing we read, 'His fame spread through the whole land.' Preaching and healing were his mission method. Our methods can not be different. We should increase our medical mission work. The bishop also suggests the foundation of Medical Schools for the education of native doctors."

In Yungchow, Hunan, China, which is in charge of the Franciscan Fathers of the Tyrolese Province, a small hospital has been established with a doctor in charge.

In Tatung, in the province of Shansi, China, the Fathers of Scheutweld have a large modern hospital with over a hundred beds. It has two operating rooms, three laboratories, accommodation for four doctors and also for the nursing sisters and the native nurses. At present 28 young men and 16 young girls are in training. Christians and pagans are admitted. Many pagan pupils become Christians. All who have gone through its training feel sympathetically toward the Christian religion. The number of baptisms is great; few are unwilling to die as Christians. Belgian Catholics, including Queen Elizabeth support the hospital generously.

In the Prefecture Apostolic of Albertsea in Africa, the White Fathers have found a valuable assistant in Dr. J. Winderickx. In the first six months of his work there he admitted 330 patients and treated 50 daily in the dispensary. Seven other doctors and three obstetrical nurses left for the Belgian Congo to work with missionaries. The Belgian government finances them.

The Syrian-Catholic Mission of Ernakulam, India, plans to establish a hospital.

Dr. M. Kohler, of the Medical Mission Institute, has a splendid field of labor in Centocow, Natal, S. Africa.

Dr. Anna Heukamp is the pioneer woman doctor of Aliwal-North, S. Africa. She is very anxious to have a companion for her work.

Dr. Hans Pattis writes from Rhodesia: "I am still in the same place and at the same work. There are 120 lepers in the camp and more are to come. My work is mission work. I am not paid by the government, but the mission receives a compensation of £150 for my work. In this way I am not a burden to the mission. There is no priest yet in this mission. I am the only missionary and must attend to all kinds of things—bake bricks, plant potatoes, arrange for drying land, pay teachers and workmen and superintend cowherds, etc."

These are mere allusions to the accomplishments and hopes of accomplishments of some of the members of the Medical Mission Institute and other mission doctors. It is enough, however, to show what vigor, what spirit of sacrifice, and what earnest endeavor to do the best for the patients is behind the whole movement.



Group of enthusiastic and energetic members of several "Mission Surgical Supply Units," organized by Mrs. Elmer Reinoehl, snapped after a tea party at the Catholic Medical Mission House. The Surgical Supply Units have already sent several boxes of dressings to the Holy Family Hospital, filled sixty mission kits which are being sent to missionaries by the Medical Mission Board, and also helped other missions. If more ladies in U. S. A. will catch the "Surgical Supply Units fire," Missionaries will soon stop reporting the use of NEWSPAPER dressings. If you want a spark to kindle it, please let us know.

THE MEDICAL MISSION EXHIBITION OF HOLLAND

On the occasion of the recent University Students' Medical Mission Conference in Tilburg, the Medical Mission Exhibit was displayed there. The exhibit, which is sent from place to place, was organized by the Dutch Medical Mission Committee under the leadership of Dr. Hermans of Rotterdam. He succeeded admirably in conveying to the mind of the public by original posters, models, statistics, pictures of hospitals, and work done, what the situation is. Plague, cholera, hookworm disease, malaria, tropical skin and eye diseases, leprosy, tuberculosis, etc., etc., all are pictured to the public in a scientific, educational, impressive and appealing manner—a wonderful combination. There was not a word of appeal in the whole exhibit, but from every poster, from every picture a voice seemed to whisper, "Behold thy neighbor."

It is our intention to arrange a mission exhibit in America. The Holy Father told our missionaries that it is his great desire to foster public interest in Medical Missions. We will do everything in our power to carry out this his wish.

DISTINGUISHED VISITORS FROM INDIA

Rt. Rev. A. J. Poli, O. M. Cap., D.D., Bishop of Allahabad, and Rev. Father Paul, O. M. Cap., from Benares, paid us a visit during the summer.

An annuity of \$1,000 was given to the Society this summer by a priest. We are very grateful.

BIOGRAPHY OF DR. AGNES McLAREN

Dr. Agnes McLaren's biography was written by Père Cormier, Master General of the Dominicans, in 1914, a year after her death. Only a limited number of copies must have been printed, as it seems impossible to secure any more of them. Being written in French, it is not accessible to as many readers as it deserves to be. As our Society is very much indebted to Dr. McLaren, we decided to translate the book and run it serially in our magazine and later publish the translation in book form.

Dr. McLaren founded St. Catherine's Hospital in Rawalpindi which, at the request of the Prefect Apostolic, has been amalgamated with the Holy Family Hospital. The maternity ward in the hospital is called "Dr. Agnes McLaren Ward." She left an endowment of £1,000 (\$5,000) for it.



THE PICTURE SHOWS OUR SISTERS ON A MEDICAL MISSION EXPEDITION

DR. AGNES McLAREN

CHAPTER I

Ancestors, Birth and Early Education

MISS AGNES McLAREN was born in Edinburgh on July 4, 1837. Her native land of Scotland, formerly called Caledonia, has been described and sung of, in these words, by a well-known author:

"O Caledonia stern and wild!
Meet muse of the poetic child,
Land of brown heath and shaggy wood,
Land of the mountain and the flood,
Land of my sires! What mortal hand
Can e'er untie the filial band
That knits me to thy rugged strand!"

The early inhabitants of this land are little known in history. Tacitus has described them to us as men of giant stature with ruddy locks.

A very few words sum up the character of those of our own day: "Patient, kindly, peace-loving, pious, shrewd and clear-sighted in business dealings."

The character of the inhabitants is like a mirror reflecting the qualities of the soil. It is to be found especially in Agnes and her ancestors, who are mentioned in history as early as the sixth century. Ancient chronicles relate that one of them, Laurent by name, founded a Scottish tribe of this name and that later his family through his deeds of bravery acquired a title of nobility. Proof of this is to be found in the family coat of arms which, at the same time, bears witness to his piety. The coat of arms is surmounted by the figure of the Blessed Virgin, holding in her arms the Saviour of the world.

The tide of protestantism swept onward in its wake many members of the McLaren family, some of whom became very warm partisans of the cause.

By the end of the eighteenth century the descendants of the family were reduced to very modest circumstances. John, the grandfather of Agnes, lived very quietly in the industrial town of Renton. He enjoyed the reputation of being a good and warm-hearted man with a mild disposition. His intimate friends declared that they had never seen him betray the smallest trace of anger. Catherine McLellan, his wife, was the daughter of a farmer. She possessed those essential qualities which fitted her to be a good housekeeper and an excellent mother. She was energetic and industrious, and of such an engaging disposition that she won the affection of all her neighbors.

Duncan, one of their 12 children and the future father of Agnes, was born on January 12, 1800. While still a little child he showed himself to be patient, calm, persevering, always ready to profit by what he had learned in the school of experience. His early studies were of short duration. At 12 years of age he began to earn his living.

He was apprenticed in a department store in Dunbar. Six years later he accepted a position as clerk in a business house in Edinburgh, where he won such esteem and confidence, that he very soon became manager. He took advantage of his leisure hours to continue his studies whenever an opportunity presented itself. He was to be found frequenting the libraries and his taste led him to follow a course in the School of Art. He also studied political economy in the school of Adam Smith. With the desire to know, there arose in him the desire to do. He would never admit the words "I can not," saying that one ought to try at the very least.

It was this which made him establish a business store of his own in Edinburgh in 1824. His venture succeeded, thanks to his good judgment in selecting his assistants and also the ability with which he directed them. Careful as he was in the selection of them he was not afraid to treat them as friends. Towards his clients, he was conscientious, loyal, a man of his word. In a short time his profits were enormous. He never wished to use them for speculation. "To undertake such transactions," he used to say, "would cost me my peace of mind."

The time was come for him to settle himself in life by marriage. In 1829 he married Grant Aitken, a niece of the employer from whom he had received his business training. The joys of family life, which possessed a great attraction for him, did not render him indifferent to outside affairs. He interested himself in some of the complex politico-religious movements of the day. The skill, tact, and moderation which he displayed in these dealings won for him still more esteem. A great sorrow befell him in 1833. His wife died leaving two sons, Grant and John. Their first child, Anna, had died in infancy.

Three years later he married Christina Renton, who belonged to a family of political, religious and humanitarian movements of the day. Christina was a true offspring of her parents. She was not alone beautiful in features but she also possessed great mental and moral qualities. Duncan acquired a real treasure. Unfortunately, Christina who had enjoyed but poor health from her childhood became rapidly weaker from the date of her marriage. Duncan was distracted with grief as he loved her exceedingly. Every care and attention was lavished on the fair invalid but without avail. In order to devote himself more fully to her, he wished to retire from public life. This she would not hear of, since she maintained that to serve one's fellowmen was a sacred duty not to be readily cast aside. She also felt that this effort would meet with as little success as the others. She passed away in 1841

leaving behind three children, Agnes, of whom we shall speak later, Duncan, and Catherine. Agnes, born in 1837, was then three years of age.

Duncan was left alone sustained by the memory of his beloved Christina and loving her anew in the three children, whom she had borne him. If these were his joy and consolation, they were also his first thought and consideration. Growing in years, they ought, at the same time, to advance in knowledge by means of a good education. For that, the authority of a father was not sufficient, even with the help of Mrs. Renton, who tried to replace her daughter, Christina. It was necessary to have at his fireside a woman of rare talent and virtue, intelligent, affectionate, forgetful of self, ready to sacrifice herself day by day, and possessing the tact necessary to handle and direct these diverse elements, boys and girls, issues of two different marriages, in fine, one who was capable of being the guiding spirit of the home and ensuring its happiness. But where find this precious pearl? Duncan did not need to look for it in any distant country. He found it on his path in 1848 under the following circumstances.

Having gone to London to attend a Liberal Meeting, he was fortunate in being able to settle some differences of opinion. He there met John Bright and made the acquaintance of his sister, Priscilla. Bright had already spoken to her in the highest terms of Duncan whom he declared to be one of the most extraordinary men he had ever known. He described his large head, his radiant countenance, his gentle method of speaking, to which his strongly marked Scotch accent only added increased interest. Duncan himself, in person, confirmed the high opinion and great interest which he had already awakened in Priscilla. This gave rise to a more intimate mutual affection and when Duncan proposed marriage, he knew that it would be acceptable, even desired.

A grave obstacle arose. Priscilla belonged to the Quaker Sect, well known to be hostile to Presbyterians. One of her ancestors, John Gratton (1641-1712), owing to his ardor in preaching Quakerism in England, Ireland and Scotland, was frequently called upon to pay fines and even suffered imprisonment. It was said that otherwise he was "a man of high character, pious, modest and charitable." So on account of his good character they remitted the fines and James II, al-

though a Catholic king, had him released from prison.

Mixed marriages between the followers of the two sects were forbidden. Priscilla ignored the prohibition and accepted not without sorrow, the sentence of excommunication which her co-religionists meted out to her. A civil marriage took place with an entire absence of religious ceremonies.

Priscilla at once adapted herself to the Presbyterian creed practiced by her husband. She had the greatest esteem for religion but without definite ideas and believed that one could serve God equally well in different faiths, even though they were contradictory and at war with each other.

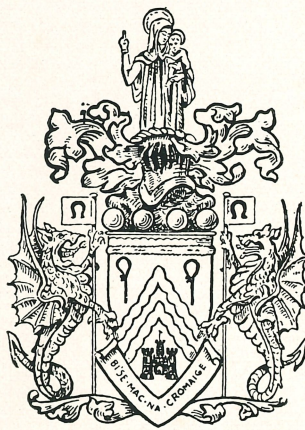
Nevertheless she was sympathetic towards the religious tenets of the Quakers and in the drawing room of the house destined to be the home of the children, there hung a portrait of William Penn, the great apostle and second founder of the sect. It showed him treating with an Indian and was the emblem of the principles of justice and freedom of which he was the great promoter.

The newly wedded couple made a wedding tour through England and arrived at the Duncan home in Edinburgh where they were received by the five surviving children of the earlier marriages. Agnes, then 11 years of age, surrounded by her little sisters and brothers, presented a bouquet of flowers to Priscilla as a token of affection. These were not empty protestations. Just as Priscilla took the children to her heart as if they

had been her very own so they, on their part, loved her as if she had been their own mother. John, the child of the first marriage and consequently an unimpeachable witness, gave ample evidence that Priscilla had conquered and could influence the father as well as the children. Their happy circle was increased by the birth of three more children, Charles, Helen and Walter. In order to bring them up in a manner more befitting their position, Duncan bought a house called Newington Hall which, without being a palace, had an air of distinction, convenience and comfort. This house became the family mansion, the sanctuary of the home, the school of virtue, civil and domestic.

What a beautiful picture did not this family portray? It was composed of elements so different in birth, age and character yet all united under the maternal wings of Priscilla and under the authority of Duncan.

(To be continued)



ARMOIRIES MC LAREN.

A MISSIONARY'S MEANDERINGS IN EUROPE

OBERAMMERGAU

IN A short series of articles I intend to touch in lightning fashion the high spots of a recent trip to Europe. I am taking Oberammergau first, not because it was first chronologically, but because the impression left behind was so deep. Three American ladies and I as their guest landed in Oberammergau on the evening of July 24, after a long and completely befogged drive over one of the most picturesque Tyrolese mountain passes. It so happened that our quarters were in the rectory, where the parish priest, Dr. Franz Bogenrieder, acted as host. He dined with us and no doubt was somewhat exhausted after answering all the questions we asked. We were familiar with the history of the play, but we wanted to know how such a difficult task as choosing the players was achieved and also how it was possible that farmers and artisans could act so well considering the play was only every 10 years. We also had heard rumors of commercialization so we wanted to know what foundation there was for them.

We were told that the election of the 124 players with speaking parts is of all-important and all-absorbing interest to the inhabitants of the village. The feast of St. Thomas, December 21, the year preceding the play is the first election day. On that morning Solemn High Mass is celebrated and is followed by the singing of the Veni Creator. Then the first election takes place. Fourteen councillors, six elected citizens, and two honorary members (of whom the parish priest is one) make up the election committee. At the first election any man or unmarried woman of Oberammergau of good repute may be chosen. At the second election only those who have been proposed may be chosen. The third election is by secret ballot, a white ball being *for*, and the black one being *against* the candidate. Every player must be willing to accept the role for which he is elected and sign an agreement that he will do his part to the best of his ability and be present at all the performances. He must also agree to carry out the orders of the director and the committee and be satisfied with whatever compensation is allotted to him.

As regards the ability to act without practice for 10 years, our illusion was dispelled by being told, that biblical and other religious plays are being performed every year and in that way talent is stimulated and also revealed. For instance, Alois Lang, the Christus of this year's play, showed his gift for acting in the biblical play "Esther" in which he took the part of Ahasver. To our question as to the amount of compensation the principal players receive, the Rector answered that the most was about \$1,000, but the majority receive only a nominal sum. However, most families have a certain income through housing visitors and also the sale of hand-made articles.

The village is heavily in debt on account of substantial additions and improvements of the theatre which now can hold 5,200 spectators. The costumes and general upkeep are also a great expense. As the attendance was good this year, the people were hoping to reduce the debt considerably.

When we bid the Rector good night he announced that Solemn High Mass would be celebrated at 6 o'clock the next morning, this being the custom for all play days. We slept very peacefully in comfortable beds and were roused by the solemn sound of church bells. Holy Masses were celebrated on the main and on many side altars from 5 to 7 o'clock.

Around 8 o'clock it was interesting to see the great throng of pilgrims wend their way to the theatre, speaking different languages, and of such different appearance. Most of them were equipped with a cushion and a text and a few with telescopes. At 8.15 all were seated. Perfect silence reigned when Anton Lang began the prologue. He greeted the spectators who came from far and near all united in brotherly love to witness the Passion and Death of Our Saviour. Then scene after scene was enacted—the triumphal entry into Jerusalem, the high-priests and pharisees considering how they could lay hold of Jesus, the farewell at Bethania, Our Lord bemoaning the fate of Jerusalem, the Last Supper, the washing of the feet of the apostles, the treason of Judas, Jesus on Mount Olivet, His capture there—all with reverence, devotion and vigor.

In the audience were Catholics, religious minded people of many sects and religions (the Indian poet Tagore was one of the visitors from the Orient), atheists, artists, journalists, scoffers, etc. Many a one comes to ridicule and goes away converted. Every spectator must feel the tragedy and love of the Passion and the sincerity of the players.

At noon all leave for lunch. At 2 o'clock sharp the second part of the performance begins. Jesus is led before Annas, Herod, and Pilate. The flagellation and the condemnation to death are heartrending scenes. As the way of the cross proceeds and Christ falls under the heavy weight and meets his sorrowful Mother, more and more in the audience are seen to wipe the tears from their eyes. Those who have the capacity of forgetting that it is a play are profoundly moved. Christ hangs on the Cross fully 20 minutes; darkness and desolation appear so realistically at the moment of death that the heart is gripped with the pain of agony of the dying Saviour. The Resurrection follows quickly, dispelling sadness and sorrow. The Sacred Tragedy ends with a glorification of Christ and the resolve to live and die for Him.

At 6 o'clock the Passion Play is finished. It

was a full day but not a weary one. The spectators' interest is held throughout. The tableaux prefiguring the actual scenes are particularly beautiful. Nothing is drawn out or prolonged unnecessarily. The text is a prayer; it is a language from the heart to God. It is said to have faults and flaws but to change it would mean to take from its directness, sincerity, and appeal to the heart. The striking thing about the players is that they are heart and soul in it—there is no lameness, no weakness. It may be that some act better than others, but there is vigor and simplicity in them all. Even the little children in the populace strain their throats to sing Hosanna and hold up their little arms as high as they can.

Everybody returns to his respective quarters for dinner. Our cook certainly did honor to the culinary art of Bavaria. She happened to be the sister of Caiphas who by profession is a smith. After dinner we called on a few actors. Alois Lang, the former Christus, was besieged with autograph seekers. We admired his patience after his hard day's work. He spoke to us in English and was very pleased to meet Americans who had been so kind and hospitable

to him on his trip to the United States. We also called on Judas, Guido Mayr, who is a remarkably good actor and a very pleasant man to meet.

He played Nathanael before he was promoted to play the part of Judas, which on account of its difficulty is one of the most coveted roles. We had only a glimpse of Maria Rutz; Maria was quite willing to come out and see visitors, but her mother said she was too tired.

It goes without saying that we looked at and admired the beautiful wood carving and other objects displayed in the shops. We were told that they remained open until midnight—we did not, however, care to verify it. We were tired and sleepy and so after exchanging impressions, we had recourse to our featherbeds.

Next morning we watched the cows, all provided with bells, go through the village to their pasture. We went to buy some things we had

admired the evening before. We greeted several actors whom we met in the street as they can easily be recognized by their long hair. Then we thanked our good host for his kindness and good care, cast a last glance at the neatly painted houses of the vil-



A GLIMPSE AT OBERAMMERGAU

lage, its hills, mountains, fields, and said to each other, "Au revoir in U. S. A."—and when we met, we said, "Wasn't it wonderful?"

MISSION INTENTION FOR THE MONTH OF OCTOBER

The Mission intention for the month of October is: "Mission Alms." For those beggars for Christ whose task is to remain behind the lines to provide the wherewith to live and to work for those engaged in the mission field, the intention of the Apostleship of prayer for October is certainly very welcome. What volume of prayer will rise to the Merciful Heart of Jesus asking to make the hearts of men to be Good Samaritans to poor, suffering, and forsaken strangers by the wayside in far-off countries!

If all Catholics would realize that the spread of the truth is their duty just as much as that of missionaries, they would think and plan more how much they could contribute to it. In the intention

of "Mission Alms" the Editor would like to ask the readers specially to include a prayer for courage to "ask" for mission alms; it seems easier to give alms than to ask for them.

WORDS OF THE HOLY FATHER TO OUR MISSIONARIES

"It is a joy to me to see the Medical Missionaries. It is my great desire to foster public interest in Medical Missions, and you are carrying it into effect. The Medical Mission Sisters are responding to my thought and desire, for in many cases souls can be reached only through bodies."

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